

OFFICIAL USE ONLY

2C  
5  
JPRS: 4586

5 May 1961

Reproduced From  
Best Available Copy

THE BASIC PROBLEMS OF THEORY AND ORGANIZATION OF  
HEALTH SERVICE IN CZECHOSLOVAKIA

By Lt Col Dr Ctibor Drbal

DISTRIBUTION STATEMENT A  
Approved for Public Release  
Distribution Unlimited

RETURN TO MAIN FILE

Distributed by:

OFFICE OF TECHNICAL SERVICES  
U. S. DEPARTMENT OF COMMERCE  
WASHINGTON 25, D. C.

U. S. JOINT PUBLICATIONS RESEARCH SERVICE  
1636 CONNECTICUT AVE., N. W.  
WASHINGTON 25, D. C.

OFFICIAL USE ONLY

19990714 079

FOREWORD

This publication was prepared under contract by the UNITED STATES JOINT PUBLICATIONS RESEARCH SERVICE, a federal government organization established to service the translation and research needs of the various government departments.

ATTENTION: NOT REPRODUCED  
FOR DISTRIBUTION  
EXCEPT BY AUTHORITY  
OF THE JOINT PUBLICATIONS  
RESEARCH SERVICE

OFFICIAL USE ONLY

"Existing laws relating to copyright make necessary that this text be restricted to the official use of the U. S. Government. Copyright: State Medical Publishing House, Prague, 1960."

JPRS: 4586

CSO: 1639-S

THE BASIC PROBLEMS OF THEORY AND ORGANIZATION OF  
HEALTH SERVICES IN CZECHOSLOVAKIA

[Following is the translation of an article by Lt. Col. Dr. Ctibor Drbal in Ceskoslovenske Zdravotnictvi (Czechoslovak Public Health), Vol VIII, No 12, Prague, December 1960, pages 680-683.]

As many other fields of human activity, the basic features of public health are principally designated by the character of the given socio-economic form. In keeping with the former level of medicine, certain elements of public health can be seen already in slave and feudal societies. However, the rapid development of medicine based on actual scientific discoveries begins only within the capitalist society when the scope of production forces, discoveries in other scientific fields, and, most of all, the very need of the protection of capitalist enterprise create the necessary basis. The basic economic law of capitalism is the moving force which in an effort to achieve the maximum profit possible, also demands a practical and theoretical development of the problems of public health organization in certain directions or branches of medicine. Since medical care rests and develops on a distinctly private enterprise basis, many public health functions are assumed by the bourgeois state.

In a capitalist society what is represented by that circle of public health problems which are assumed by the state and are mainly centered around the problem of the so-called public hygiene, certain partial problems of clinical care, social insurance, and old age care?

The most recent works devoted to the solution of this problem definitely agree that the common denominator for the problems of public health in a capitalist state is not the unity of the objectives and methods of research, and that here one cannot call public health or the organization of public health a scientific field. That which is common to all of the problems and which the capitalist version of public health is trying to solve is seen specifically in the scope of the aims of public health tasks which are assumed by the state and lie outside of the "sphere of private medical practice" and disregard their allegiance to one or the other branch of medical sciences.

OFFICIAL USE ONLY

It is our opinion that the current materials and even the collective and most pioneering and commendable work of the Research Institute of the Public Health Organization in Prague, which deals with this theme, somewhat overlooks the basic cause of this condition. We believe that, as the appearance and existence of each new scientific field needs practice, the basic reason for the fact that the organization of public health as a scientific discipline does not exist in a capitalist society first of all must be sought in the belief that this society does not need such a discipline. Not only that it does not need it, but it resists its appearance with all the force at its disposal! A capitalist society needs only certain organizational aspects of it, worked out within certain of the existing fields of medicine (hygiene, epidemiology, etc.). These need to be developed to a certain extent. This limit is set up by certain health measures that aid the maximum utilization of the basic economic law of capitalism, i.e., measures that permit maximum gain. However, wherever the ideology, possibly even actions of the individual progressive health worker begins to inhibit the complex concept of organized medicine; wherever in theory or in practice socialized medicine would trespass into the sphere of individually existing medical fields, the bourgeois class will sharply oppose it, because this would create a need for a scientific exposure and undermine the very anti-humane and antisocial basis, the very foundation of the capitalist system. That is why the practical use of progressive theories in the area of socialized medicine does not permit the further development of this theory. It is just for this reason that the establishment and existence of socialized medicine as a scientific field is virtually impossible within the shadow of a capitalist society.

An entirely new situation arises after a revolutionary change in the production relations within a socialist society. First of all, there is a change in the whole concept of the mission of public health from its very foundations, because it is lawfully subjected to the basic economic laws of the given socio-economic form. Within a socialist society public health must serve the realization of the basic economic law of socialism, i.e., the maximum satisfaction of both the material and cultural needs of the individual. This pre-supposes the theoretical examination and a practical realization of measures in public health as a whole: in its concept, aims, tasks, and organization, so that it would be established and constantly maintained in harmony with the principles, aims, tasks, and organization of the whole socialist society. This leads to a variety of questions which fall both within theoretical research and the practical realization of principles that determine the manner of maximum utilization of the discoveries from all other fields of medicine toward the protection and increase of the health of peoples living in a socialist and communist society. We believe that this should be the way to define the object of this new scientific branch of medicine, whose rise and development was stimulated directly by the needs of the development of a socialist and communist society.

One can certainly understand why the definite theoretical classification and development of this new field came about only lately. The practical need for the development of medicine within the Soviet Union,

OFFICIAL USE ONLY

in our country, and in other socialist states demanded an immediate solution of a number of basic and relatively concrete measures in this field, even before it was put on the necessary broad scientific-theoretical basis. It was, therefore, only during 1957-1958 that in the USSR there was a basic and broad discussion of these problems; in our country it took place especially last year and this year, mainly due to the efforts of the workers of the Research Institute of the Health Organization in Prague. Therefore, only during this period was there an exact division between theory and organization of health from the field incorrectly identified as "social hygiene." The relationship between theory and organization of health to hygiene and clinical fields was clarified. It is limited to a list of basic questions with which the field of theory and organization of health must be concerned in the immediate future. The research methods in this field have been clarified and indicated.

All of the current knowledge points to this conclusion: even though the field of theory and organization of health is now the youngest field and the least formed of all branches of medicine, it is without doubt that in its further theoretical development and practical results lies the focal point of all further perspectives and the success of complete socialized medicine. The scientifically proper solution of the content and form of all medicine during the period of changeover from socialism to communism depends on the theoretical planning of this field. If the results achieved in all other fields of medicine will have an eminent effect on the further development of this field, then, conversely, its findings and conclusions will be the basis for a correct orientation and proportion of the perspectives of all other branches of medicine.

Such are the current state and perspectives of the field of theory and organization of health.

2

The opinions in the field of organization and conduct of health services in providing for a state of war is somewhat more stable than the theory and organization of civilian health. Some time ago in the Soviet Union and in our country, the individuality of this field already formulated definite conclusions, such as being one of the branches of medicine, although there are certain differences in agreeing on a precise definition of its objectives and research methods.

This condition can be explained even from a historical point of view if we keep in mind the fact that organization and conduct of health measures in the army was a more or less independent discipline already studied everywhere within a capitalist society, where it was in harmony with the needs of the capitalist state engaged in war. Such was the case, for example, at the end of the 19th and the beginning of the 20th century in tsarist Russia. To this contributed the fact that the focal point of the organization of the general health of the army during the war was in the hands of the state. This is why the specifically state and private spheres of health care that are so characteristic of



OFFICIAL USE ONLY

civilian health care had hardly any effect here. After the Great October Socialist Revolution there was a sudden upswing of the organization and conduct of health care in the Soviet Union that came about as the result of a practical necessity to defend the first nationalist state. This was the first time, and therefore all the more important an occasion, that an organic coherence between military and civilian medicine appeared both in theory and practice within a socialist state, and when the organization and conduct of medical care stemmed from the same principles upon which socialist medicine of the whole state was being built.

Perhaps the long-lasting confusion in the identification and outline of the theory and organization of public health as a scientific field contributed to the fact that the field of organization and conduct of medical services crystallized and differentiated much sooner in a theoretical and practical way, until today is unable to find a satisfactory place within the fold of other fields of medicine.

As near as we are thus far able to tell from the materials at our disposal, all of the efforts to find a solution to this problem, the organization and conduct of medical services, considered it to be a part of "military medicine," a "branch of military medicine, a branch of military medical science." At the same time, besides the organization and conduct of medical services, military administration of medicine, combat surgery, combat internship, military hygiene and epidemiology, military pathological anatomy, medical anti-chemical protection, military toxicology, military medical statistics, military medical diagnosis service, military court medicine, military medical geography, military medical supplies, and the history of military medicine continued to be classified as branches of military medical science.

It seems to us that military medicine seen from this point of view cannot be considered to be an independent scientific field; it cannot be called military medical science. The inaccuracy in defining a scientific field here led to replacing it with a convenient, purposeful cementing of various fields which nevertheless, are greatly important to the complex solution of many a practical problem of medical security in the armed forces. However, it still cannot be called a scientific field, because the objectives and research methods of these individual parts are absolutely unrelated to each other.

On the other hand, from the Marxian interpretation of the basis for a scientific field it is absolutely natural that, for example, war-time surgery can be anything but a supplementary branch of surgery which deals with diagnoses, treatment, etc. of surgical injuries during the time of war. For this purpose it uses both the methods of its own surgery, just as the position of the history of military medicine cannot be considered outside of its place in the field of history of medicine where, as its additional branch, it investigates and studies the problems of the history of medical care in the armed services during time of war. Almost an analogous situation can be found in the other components in the conglomeration of "military medicine."

OFFICIAL USE ONLY

By an occasional elimination, we then reach the conclusion that whatever is closely related to all the remaining medical fields within their sphere of military problems (which, however, none of them consider as a whole and cannot consider as such), is just the object of study of the independent field of organization and conduct of medical services.

In looking at the organization and conduct of medical service from the point of view of its classification, the fact that this field is concerned with a collection of questions narrowly tied to the problems that are studied by the field of theory and organization of medicine is most pronounced. However, this is done in an effort to secure the combat performance of the troops, from the point of view of the tasks that war places before medicine.

It seems to us, therefore, that the field of organization and conduct of medical services under our socialist state, where there is scientific discipline in the theory and organization of medicine, can be appropriately designated as an additional branch of this discipline. This can be supported by the uniquely contemporary character of the subject and its research methods. It can, moreover, be supported by the very principles of socialist medicine, its tasks, and its structure.

As a transitional or, better yet, perhaps a connecting link between these two basically similar but clearly differentiated disciplines within the circle of the existing problems, it would then be possible to study the theory and organization of military medicine during peace time because it should, of necessity, stem both from the results of studying the field of theory and organization of medicines and from the demands placed upon it by the results of the study of the organization and conduct of health services.

There is no doubt that the topic under consideration is in many ways still quite fresh, so that it can be thought and worked out to all of its minutest details and points. Today, however, it is clear that we should be able to see that the solution of these theoretical problems can become either a stimulating or a detrimental factor for the result and quality of our practices.

(Note: This report was read at the First Convention of the Organizers of the Military Health Services held on 4 and 5 October 1960 in Hradec Kralove. Abridged, the full report will be published in Military Health Papers)

- END -